

3-17-97 B-3166 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Mar 17 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000002932 (9)
 1. Corporation Name
ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC



Principal Place of Business Mailing Address
 C/O BERT MEHL 7632 MANSFIELD HOLLOW PINE RIDGE DELRAY BEACH FL 33446
 C/O BERT MEHL 7632 MANSFIELD HOLLOW PINE RIDGE DELRAY BEACH FL 33446

3. Date Incorporated or Qualified 05/30/1996 3a. Date of Last Report
 4. FEI Number 65-0698232 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
 LEVITT, JOHN B
 C/O LEWIS, VEGOSEN, ROSENBACH, ET. AL.
 600 SOUTH AUSTRALIAN AVENUE
 WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent
 81 Name LEVINE, CURTIS G.
 82 Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD, SUITE 324-A
 83 ONE BOCA PLACE
 84 City Boca Raton FL 85 Zip Code 33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE *Curtis G. Levine* CURTIS G. LEVINE 3/7/97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEHL, BERT	1.2 NAME	SCHULBAUM ROBERT
STREET ADDRESS	7632 MANSFIELD HOLLOW, PINE RIDGE	1.3 STREET ADDRESS	7284 CLUNIE PLACE
CITY-ST-ZIP	DELRAY BEACH FL 33446	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, NATHAN	2.2 NAME	
STREET ADDRESS	15830 LOCH MARIE LANE GLENDALES	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRMAN, FRANK	3.2 NAME	
STREET ADDRESS	13650 WHIPPET WAY W. DELRAY VILLAS PLAT 4/5	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33448	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTROW, HAROLD	4.2 NAME	
STREET ADDRESS	6585 KENSINGTON LANE HUNTINGTON LAKES	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFRAN, AL	5.2 NAME	
STREET ADDRESS	7828C LEXINGTON CLUB BLVD. LEXINGTON CLUB	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINER, HAROLD	6.2 NAME	
STREET ADDRESS	15000 ASHLAND PIE-170 LAKES OF DELRAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)